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CONFIRMATION NO. 9729

SERIAL NUMBER 10/657,310	FILING DATE 09/08/2003 RULE	CLASS 418	GROUP ART UNIT 3748	ATTORNEY DOCKET NO. C-507/TEC1215-01												
APPLICANTS Robert G. Skinner, Tecumseh, MI;																
** CONTINUING DATA ***** This appln claims benefit of 60/412,838 09/23/2002 <div style="text-align: center;">YES TT</div>																
** FOREIGN APPLICATIONS ***** <div style="text-align: center;">NONE TT</div>																
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/09/2003																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged </td> <td style="width: 10%; vertical-align: top;"> <div style="text-align: center;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </div> </td> <td style="width: 15%; vertical-align: top;"> STATE OR COUNTRY MI </td> <td style="width: 10%; vertical-align: top;"> SHEETS DRAWING 7 </td> <td style="width: 10%; vertical-align: top;"> TOTAL CLAIMS 10/13 </td> <td style="width: 10%; vertical-align: top;"> INDEPENDENT CLAIMS 2/7 </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<div style="text-align: center;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </div>	STATE OR COUNTRY MI	SHEETS DRAWING 7	TOTAL CLAIMS 10/13	INDEPENDENT CLAIMS 2/7						
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ADDRESS 832 BAKER & DANIELS LLP 111 E. WAYNE STREET SUITE 800 FORT WAYNE , IN 46802																
TITLE Compressor have counterweight shield																
FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Credit</td> </tr> </table>					<input type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees (Filing)	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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